DOCUMENT RESUME

ED 291 224 EC 201 993

AUTHOR Stone, Brian J.
TITLE Noncategorical Special Education and Systematic Assessment: A Position Paper and Proposal.
PUB DATE [87]
NOTE 42p.
PUB TYPE Viewpoints (120) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Delivery Systems; *Disabilities; Elementary Secondary Education; Grouping (Instructional Purposes); *Handicap Identification; Labeling (of Persons); *Learning Disabilities; *Program Evaluation; Referral; Resource Room Programs; Resource Teachers; School Psychologists; *Special Education; Student Evaluation; Teacher Responsibility; Underachievement
IDENTIFIERS *Curriculum Based Assessment; *Noncategorical Special Education

ABSTRACT

The paper proposes changes from the present categorically based special education service delivery system to a curriculum-based service delivery system. Set forth are problems currently associated with designating students as learning disabled (LD), distinguishing them from those who are simply underachievers or have other handicapping conditions, and developing appropriate programs to address their needs. While the teacher referral process, a key element of the former system, would remain essentially intact, the curriculum-based assessment duties would be shared primarily by the school psychologist and the resource teacher. Screening system components would include kindergarten screening, referrals by teacher nomination, the Stanford Achievement Test, report card data, core curriculum assessment, vision and hearing screening, and transfer student screening. Evaluation of screening data would lead to three possible outcomes: (1) regular program status covering most students with no further special education assessment or intervention scheduled; (2) at-risk status leading to pre-referral interventions and possibly to more extensive special education involvement; or (3) special program consideration for the small minority of students whose screening information indicates severe difficulty. For these students, traditional assessment procedures would be implemented and a more restrictive placement considered. (VW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Noncategorical Special Education and Systematic Assessment: A Position Paper and Proposal

Brian J. Stone

Teachers College 521

Ball State University

Muncie, IN 47306

ED291224

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

The author wishes to thank Dave John of the Uintah School District in Vernal, Utah, and Dr. Betty Gridley of the Ball State University Educational Psychology Department for their assistance in the preparation of this manuscript.

Running Head: Special Education

EC 201993

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Brian J. Stone

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Noncategorical Special Education and Systematic Assessment: A Position Paper and Proposal

Abstract

Specific failures of the present categorically based special education service delivery system are outlined. Attention is given to the largest and most rapidly growing of categories: the Learning Disabled (LD) classification. A solution is offered in the form of a proposed special education qualification and tracking system which is primarily noncategorical. Three salient features are extant within this framework: (1) a screening system, (2) an outline for curriculum-based assessment, and (3) a monitoring program for continuous instructional evaluation. The advantages of such a system are explained.

Noncategorical Special Education and Systematic Assessment: A Position Paper and Proposal

Introduction

The gradual development of special education services over the past twenty years has led to a system of identification and qualification resulting in service delivery (Salvia & Ysseldyke, 1985). General trends have emerged at a national level due to compliance to Federal laws requisite for funding (PL 94-142). However, somewhat different systems of qualification and assessment have arisen among states as well as school districts. Historically, there has been a reliance on individual testing using standardized instruments (Salvia & Ysseldyke, 1985; Galagan, 1985). Test batteries have typically included formal intellectual assessment, norm-based measures of academic functioning, perceptual-performance tasks, behavior rating scales, formal speech and language testing, and norm-based adaptive behavior ratings (Sattler, 1982; Galagan, 1985). School psychologists and resource teachers have invested considerable time and effort in this process (Howell, 1986).

Such psychometrically based assessment practices are now being challenged on a variety of grounds (Galagan, 1985; Lentz & Shapiro, 1985; Winiker & Wohle, 1984, Ysseldyke,

Reynolds, & Weinburg, 1984; Gresham, 1986). Significant changes in this area appear inevitable.

It is the purpose of this paper to describe the philosophical and practical factors leading to the need for these changes, and to propose an alternative assessment system. In addition, developments necessary to implement the system, and to evaluate its management characteristics will be delineated.

Factors leading to a need for change in the assessment system are many and varied. The national educational reform movement has led to a much greater emphasis on accountability and mastery learning (National Commission on Excellence in Education, 1983; Spady, 1982). This, in turn, has led to demands for a more cooperative relationship between special and regular education, with a defined "core curriculum," curriculum-based assessment, and closer monitoring of goal and objective mastery. Critical funding shortages within many states are forcing attempts at greater productivity and more cost-effective programing. This trend is resulting in a shift of emphasis from classification toward evaluation of both individual student and total program effectiveness. Current and traditional assessment procedures have failed in many respects to meet the critical programmatic needs described above (Tucker, 1985; Galagan, 1985).

The Present Identification Process

In order to be identified as a mildly handicapped student, a student must first be referred. This has traditionally and pragmatically been accomplished through teacher submitted referrals. Once referred, a student has an excellent chance of qualifying for special education. This system of identification has been shown to qualify a large majority of those students tested for special education, approaching 90% (Utah State Office of Education, 1975; Algozzine, Christenson, & Ysseldyke, 1982; Galagan, 1985). Obviously, The referral decision, therefore, looms as a crucial step to the acquisition of special programming (Christenson, Ysseldyke, & Algozzine, 1982).

The purpose of individual standardized testing is twofold: (1) diagnose (and in most cases confirm) the suspected handicap, and (2), identify the educational needs of the student (Tucker, 1985).

However, the tests used are not capable of diagnosing between categories of handicap due to the heterogenity of subjects within handicapping conditions (Ysseldyke, Thurlow, Graden, Wesson, Deno & Algozzine, 1982; Algozzine & Ysseldyke, 1986; Tucker, 1985; General Accounting Office, 1981; Hagerty & Abramson, 1987). Nor are these tests capable of identifying the educational needs of the student in terms of linking assessment results with meaningful

educational interventions (Howell, 1986; Tucker, 1985; Gresham, 1986; Algozzine & Ysseldyke, 1986).

Obviously, different tests will identify different students as handicapped (Barnett, 1987; Galagan, 1985; Stone, Cundick & Swanson, in press). Because mildly handicapping conditions are not only heterogenous, but exist on a continuum (Newcomer, 1985; Keogh, 1986), a mild handicapping condition is a matter of degree which different tests may identify at various points along the distribution. This concept becomes difficult to manage when some tests may identify a student's score as handicapped where other tests may not. However, not only will poor performance on the same test be due to <u>different causes</u>, but poor performance on different tests will be due to <u>many</u> different causes (Siegel & Heaven, 1986)! Therefore, to state that a student did poorly on certain tests because he is LD, is to list only one of a plethora of possible reasons (including, for example, physical, psychological, social factors, and combinations thereof) (Gaddes, 1985). The concept of categorizing by standardized test scores is indeed on shaky ground.

Based on the aforementioned factors, significant changes are necessary. The proposed assessment system would attempt to make these changes, by incorporating the following features:

1. Assessment procedures which are cost-effective and lead to expeditious identification of qualifying students, with accompanying emphasis more on teaching qualifying students effectively than on classifying such students for compliance purposes.

2. Skills and tasks assessed reflect objectives of the core curriculum as determined by the state.

3. Formal assessment procedures relevant to subsequent special education programming.

4. Meeting student needs by an interaction of regular and special education, rather than two separate systems.

5. Assessment procedures utilizing continuous, repeated measurement over time in order to monitor both individual student and total program progress .

6. Information generated through assessment should contribute heavily to the evaluation of individual students educational programs and the total program of which they are a part.

7. An incorporation of existing student information available from within district computer data bases. Assessments, in turn, would also provide additional information to the computer data base.

8. Student assessment as a continual process tied closely to actual instruction, rather than a one time procedure repeated every three years.

9. Standardized testing carried out not for purposes of qualification for programs, but rather for gathering additional pertinent information regarding the child's intellectual, academic, behavioral and adaptive functioning.

Classification (Labeling) of Students

Presently, PL 94-142 stipulates that a student must receive a classification in order for the district special education department to be reimbursed with federal funds for the necessary expenditures of allowing that child a free and appropriate (special) education.

Learning Disabled (LD)

The LD category is the fastest growing of all the special education classifications, approaching two million students nationwide, and accounting for almost 50% of all children in special education programs (Gerber, 1984). This phenomenal growth is unprecedented in special education history, and no doubt has a multiplicity of factors, particularly of a socio-political and pragmatic nature (Shinn, Tindal, Spira, & Marston, 1987).

History

The term "learning disabilities" was coined in 1963 by Samuel Kirk (Gaddes, 1985) and the concept of learning disabilities has gradually developed over the last two and a half decades. Once a label was invented schools began

looking for children who fit it (Telzrow, 1985). Finding children and labeling them was done in order to receive federal funds.

A broad spectrum of disabilities in learning, ranging from extremely rare neurological conditions to quite common conditions (e.g., poor memory, poor attention, poor abstract ability, etc.), exist. These disabilties did not have their genesis with the advent of a definition. No doubt they have always existed within a classroom setting, and have been dealt with by classroom teachers with varying degrees of success.

Definition

The concept of a learning disability per se has evolved through numerous definitions. A general definition across states has emerged that includes children (1) who are within normal limits on tests of intellectual functioning; (2) who exhibit a severe academic discrepancy when compared to expectations based on an intellectual test score as a predictor of expected achievement; (3) who have a disorder in one or more processing areas (i.e., cognitive, perceptual, language, attention, memory, etc.); and (4), whose learning problems do not stem primarily from sensory or motor handicaps, mental retardation, emotional disturbance, or impoverished environment.

The present LD designation has been criticized as ambiguous by many (Myers & Hammill, 1982; Ysseldyke, Algozzine, & Epps, 1983; Kirk & Kirk, 1983). Present research clearly indicates that no valid method or instrument for distinguishing learning disabled students from low achieving students exists (Ysseldyke, Algozzine, & Epps, 1983). One study revealed a 96% overlap between scores for learning disabled and low achieving students on more than 40 psychometric measures (Ysseldyke, Algozzine, Shinn, & McGue, 1982). Criteria have yet to be established which can consistently identify learning disabilities (Algozzine & Ysseldyke, 1983; Ysseldyke & Algozzine, 1983).

However, this inability to make a differential diagnosis between learning disabled and low or underachieving students did not prevent the Council on Learning Disabilities (CLD) from recommending that low and underachievers be separated from LD classes immediately. The CLD recommended that an alternate service delivery be set up for these low and underachievers through regular education. The CLD determined low and underachievers to exist as a result of depressed intellectual functioning, lack of motivation, inadequate or innapropriate instruction, and/or environmental and cultural disadvantages (CLD, 1987). Therefore, the CLD would not only propose to deny certain children special education services, but have them be housed

in separate (but equal?) programs. All this even though there is no reliable method to distinguish between these two groups.

One could conceivably argue that the purpose of special education is to help those children who are having difficulty in the present educational system. The logic of allowing some children with severe educational deficits to have focused instruction in special education while denying others with equal deficits could be viewed as discriminatory. Indeed, it would be difficult to believe that special instruction would not be justifiable for any child having difficulty in his or her academic setting (Stone, Cundick & Swanson, in press).

Reliabilty

Studies have typically shown from 50 to 70% of children classified as LD did not meet the definitional criteria (Swanson, 1987). However, one study done in Iowa demonstrated that 75% of the LD students there met the definitional criteria (Cone, Wilson, Bradley, & Reese, 1985). So there is not even agreement over whether or not there is agreement in this area.

Shinn, Tindal, Spira, and Marston (1987) showed that those classified as LD could best be discriminated from nonspecial education students on the basis of classroom achievement in reading. Therefore, one might observe that

the schools have seemingly reinterpreted the definition of LD to serve students most deficient in achievement. Indeed, Stone, Cundick, and Swanson (in press) have shown that special education students of all classifications can be discriminated from regular education students on a group achievement test, with no particular difference between the levels of achievement of various special education classifications.

Operational Concepts

Intellectual Ability

A philisophical problem is introduced into the LD designation when the IQ is used as a measure of potential to determine discrepancy between intellectual "ability" and academic achievement. IQ's are actually a sample of behaviors in a fixed experimental condition (Kaufman, 1979). They measure previous learning to a great extent, and may be lowered in the presence of a learning disability. Indeed, brain injuries in children have been shown to be manifested through overall cognitive dysfunction (Chadwick & Rutter, 1983). Deficits in one area of intellectual functioning can impede functioning in other areas, as well (Chadwick & Rutter, 1983). Therefore, it is quite a leap to assume that something that measures past learning measures potential, particularly with an LD child. Using IQ as a measure of potential not only goes beyond the original intent of the IQ

test (Gould, 1981), but promotes a pessimistic stance towards helping children with lower IQ's (Gresham, 1986).

Achievement

Statistically, the concept of a severe discrepancy is approachable from many different angles, all of which are debatable and possess inherent flaws (see Telzrow, 1985). The Board of Trustees of the Council on Learning Disabilities has stated their official opposition to discrepancy formulas for the following reasons (CLD, 1987):

1. Discrepancy formulas focus only on a single aspect (e.g., reading).
2. The measurement instruments are not technically adequate.
3. The learning disability of a child may falsely lower his or her IQ score.
4. The formulas create a false sense of objectivity.
5. The formulas are often used as a sole means of determining eligibility.

The CLD recommends phasing out discrepancy formulas (but does state that if one must be used to comply with present law, then the lesser of the evils is the graduated regressed standard score on local or state norms. However, this formula too is not without problems (Gridley, 1986). Valus (1986) also pointed out that the use or nonuse of a

regression analysis over a standard score difference did not significantly contribute any accuracy in identifying a severe discrepancy. The urgent calls for a redefinition of learning disabilities are not unfounded (Radencich, 1984).

Subgrouping of Learning Disabilities

The advantages of subgrouping have been purported to be (1) the decreasing of large amounts of data to a manageable size; and (2) subgrouping forces researchers to specify precisely their operational definitions (CLD, 1987). However, researchers often do not accept each others definition of subtypes because each operates out of a different conceptual framework (Swanson, 1987).

The establishment of subgroups is based upon the assumption that learning disabilities can be assigned to a category having unitary causes and clear effects. A review of the subgrouping literature yields no such conclusion (Siegel & Heaven, 1986).

Although subgrouping studies on poorly specified LD samples may obscure commonalities, this argument becomes circular when allowed to develop to the point of deciding the results "would have been different" if this were not the case. Thus, any definition of LD becomes irrefutable evidence in the face of such logic (Kavale & Forness, 1985).

The concept of learning disability subgroups is not being disputed as a valid research topic. However, in terms

of the LD label's utility for use in the public school population, particularly in instructional design, this concept has not been demonstrated to be efficacious. There also is no consensus on a general definition of LD, and, given the complexity of this area, one should not expect an agreement over definitions of subgroups.

Recommendations

A generic term, such as "educationally or academically handicapped" is suggested (if these children must be referred to as handicapped at all). Taking the lowest 10% academically (after the severely handicapped have been entered into the special education system) and giving them help is logical, and is accomplishable with a screening device, such as a routinely administered group achievement test (Stone, Cundick & Swanson, in press). Those students not qualifying academically could be considered on a case by case basis for special education.

It seems that in an effort to become more fair (and develop a taxonomy for designating special education students) the system became more complicated and plagued with problems. Sadly, the very system set up to help children in need may actually be interfering with the availability of help to these children.

Justification for Waivers

The system to be proposed would require a state waiver in foregoing the traditional intellectual assessment for mildly handicapped children. However, research has shown that the data derived from intelligence tests does not provide useful information for designing interventions for these children (Gresham, 1986). Therefore, the lack of IQ test data on mildly handicapped children is not seen as being a deterrant to implementation of the proposed system.

More specific classification problems avoided by foregoing the utilization of an IQ test include: (1) disregarding the LD "ability-achievement discrepancy," which has not been shown to be a useful construct (Ysseldyke & Algozzine, 1986) and (2) The problem of classification of fairly well-behaved students who possess IQ's between 75 and 85 is eliminated. These students have IQ's that in some states are too low for LD classification and too high for Intellectually Handicapped (IH). Yet, oftentimes these students do need extra help. Ten percent of a normal population have IQ's between 75 and 85 and are being discriminated against by the current system.

Presently, Louisiana has gone to a system of noncategorical placement for special education students. This involved a law suit in which the state was sued for assigning labels to mildly handicapped children, and the

plaintif won the case. Galagan (1985), the lawyer for the plaintif, has detailed how the categorization of mildly handicapped children is on shaky ground legally, and documents the need for a change.

Waivers from the State Board of Education have been procured in the past for states such as Minnesota and Louisiana. These waivers for performance have been granted for break-out from some rules concerning categorization of mildly handicapped children and teacher licensing areas (Peterson, Heistad, Peterson & Reynolds, 1985).

System Design

The proposed assessment system consists of several assumptions and primary components. Assumptions are based on a three-track placement system, defined as regular track, resource/chapter 1 track for the mildly handicapped, and a special programs track for the moderately to severely handicapped. Primary components include screening, at-risk determination, pre-referral interventions, individual curriculum-based assessment, traditional formal assessment, and classification and placement decision making. Each of these components will be further defined in the following narrative, along with a flow chart (Figure 1) describing their chronological sequence and interactive nature.

Screening

The purpose of a special education screening system is to identify students who deviate sufficiently from their peers as to require special attention (Salvia & Ysseldyke, 1985). Screening as it is used here refers to information generated on every student within the school system for his or her respective age and grade level. Screening information should be systematically compiled and evaluated to identify at-risk students and examine appropriateness of district curriculum materials. The following are sources of screening information essential to special education assessment:

1. (Pre) Kindergarten screenings
2. Speech/hearing/vision checks
3. Report card data
4. Group achievement test data, such as the Stanford Achievement Test or Iowa Test of Basic Skills
5. Core curriculum assessment, similar to above, but based on the student's curriculum
6. Short academic screening data on transfer students
7. Curriculum series tests, i.e., Economy Reading, Open Court Reading, Holt Math, etc.

At-risk determination is the logical consequence of the compilation and evaluation of available screening data. A

solid body of research exists detailing successful predictors of school difficulties and special education needs (e.g., Deno, 1985, 1986; Peterson, Heistad, Peterson, & Reynolds, 1985). Combined with expanding data bases, these predictors will provide guidelines for identifying those students at-risk for school failure and special education inclusion. While systematic usage of test data will be emphasized at this point, teacher and parent referral for at-risk consideration will still be allowed. Evaluation of screening data would lead to three possible outcomes:

1. Regular program status - Most students would receive this designation, with no further special education assessment or intervention scheduled.
2. At-risk status - This would lead to pre-referral interventions (see below) and possibly to more extensive special education involvement.
3. Special programs consideration - A small minority of students would receive this designation. In these cases screening information would be indicative of severe difficulty, traditional assessment procedures would be implemented, and the student would be considered for a special programs (more restrictive environment) placement.

At-Risk Status

The determination of at-risk status would lead to pre-referral intervention strategies. This process is already required by law in some states (Gickling & Thompson, 1985; Utah State Office of Education, 1985) and generally consists of prior documentation by teachers of attempted interventions. Teachers would be instructed and possibly required to chart baselines for target behaviors, implement specific programatic interventions, and document student progress in this vein. Notable improvement in charted performance might indicate that further special education consideration would not be necessary. A lack of significant improvement would suggest that further testing, intervention, or change in placement would be indicated.

Curriculum-Based Assessment as Further Screening

Curriculum-based assessment techniques utilized for reading would consist of a one minute oral reading from a word list specific to a student's grade level and curriculum. Mastery and instructional levels could be determined by utilizing word lists from other grade levels and by reading selected paragraphs from a basal reader. It is also possible to assess written language, arithmetic, and spelling from the curriculum. Timed writing samples from a starter topic, criterion-referenced math probes, and informal spelling tests (results of which may already exist

in the teacher's gradebook), could be administered. Only those tests applicable to the specific situation would be required. Actual testing time would be greatly reduced compared with traditional formal assessment. Results produced would be considered along with work samples from the classroom.

Classification and Placement Decisions

At this juncture, classification and placement decisions would be made by a multidisciplinary team in accordance with district and state policies and procedures. Similar to the situation noted above, students could be declared capable of functioning within the regular curriculum without special educational support services (regular track), needing resource or chapter 1 services (mildly handicapped track), or needing consideration for special programs (moderate to severely handicapped track).

Regardless of the placement decision, provisions would be made for ongoing data collection to monitor student progress. This data might lead to consideration for less or more restrictive placements, changes between the three tracks previously described, or program changes whose effects could be monitored through charting techniques. The result will be the generation of information necessary for ongoing evaluation of individual students and total programs within the system.

Screening System Development

Kindergarten Screening

Kindergarten screening would consist of assessment in three basic areas: 1) paper-pencil skills using a perceptual-motor test such as the Beery Visual-Motor Integration Test, and the Draw-A-Person (with McCarthy or Goodenough scoring), 2) language and speech skills, using a receptive vocabulary test such as the Peabody Picture Vocabulary Test-Revised, and expressive language test, such as the Kindergarten Language Screening Test, (along with an informal speech articulation sample), and 3), sensory functioning as determined by a Snellen vision test and an audiometric screen.

These scores would yield standard scores based on local norms (not including the speech articulation sample, and vision and hearing screen). These standard scores would be combined into a composite average standard score, which is the best indicator of future special education involvement (John, 1986).

Recent data showed the following results from a district wide Kindergarten screening (John, 1986) using the previously mentioned instruments. Based on a composite standard score, with a mean of 100 and a standard deviation of ten, students were divided into two groups; those scoring 90 or above, and those scoring below 90. Only seven percent

of students scoring 90 or above were in special education at the end of their first three years of school, whereas 32% ofstudents scoring below 90 were involved in special education by third grade. Stanford Achievement Test (SAT) total battery percentile scores were significantly higher for students 90 or above.

In combining Kindergarten screening data with other data the following results were obtained. A "success criteria" statistic was employed, which assumed success within the system to be 1) 50th percentile performance or above on the SAT total battery national norms in third grade (as this district's local norms are slightly above the national norms), 2) attendance in the expected grade level (as opposed to a lower grade, whether through delayed entry or retention, and 3), no special education or chapter one involvement by third grade. Those students scoring 90 or above on Kindergarten screening composite standard score had a 68% success rate based on these criteria, where those scoring below 90 had only a 14% success rate based on the same criteria. Clearly, this existing data is useful in distinguishing between students who will need extra help and those who can function at a successful level within the system.

The Referral System

Referrals would primarily be provided by teacher

nomination as before, but also through poor student performance on the screening instruments.

Students scoring at or below the tenth percentile on the SAT total battery or total reading and/or the Core Curriculum Assessment test would be considered referred if they were not already in special education. This tenth percentile cutoff could be raised if Chapter one students were to be included. The special education teacher could refer children directly from the transfer student screen if necessary.

Ideally, regular education teachers would give the one minute curriculum-based word list test to all their students, and then possibly refer the lowest 10% on a rank ordering of the class. It has been demonstrated that this one minute word list can successfully distinguish between regular and special education students as a screening device (Deno, 1985). If done three times a year (September, December, and March) this would provide current norms as well as average improvement data over time. However, this may not be a realistic expectation of regular classroom teachers. If possible, some teachers could do it as part of a career ladder/performance bonus incentive. But, for the most part it appears a more pragmatic system would contain the administration of the one minute word list so that only data on special education students and those referred to

special education would be gathered on a repeated measurement basis.

Upon referral for reading, a child would be administered a one minute word list test once a day for two weeks by the regular teacher, who would also document at least two educational interventions, and the effect of the interventions would be displayed on the one minute word list graphing chart. The teacher would also compile available data on the student, including SAT scores, report card and gradebook data, and vision and hearing screen results.

One minute word lists based on the Economy reading series curriculum and the Open Court series were compiled and normed by the author for Uintah school district for the 1986-87 school year. The norming sample consisted of 210 children in grades one through five, who were tested three times each (September, December, and March). A "special education cutoff score" was determined through the application of a 1.3 standard deviation below the mean formula, which yields scores falling below the 10th percentile. If these were used for screening the entire population, a special education cutoff would exist statistically. A standard improvement curve line could be charted for each grade and curriculum as well, so that an individual's progress could be contrasted with his or her peers. In this manner the progress of an overall special

education program could be contrasted with the peer norms.

Students in special education programs would be administered word lists at least once every two weeks by their special education teacher, and educational interventions could be evaluated for the progress shown by the student.

Those students being assessed for or referred to special programs, such as a self-contained placement would receive the traditional assessment instruments, including an intellectual measure, such as the Wechsler Intelligence Scale for Children-Revised, the Wechsler Adult Intelligence Scale-Revised, or the Kaufman Assessment Battery for Children, and an adaptive behavior scale, such as the Woodcock-Johnson Scale of Independent Behavior, the School Behavior Checklist, or the Vineland Scale of Adaptive Behavior. Academically, they would recieve curriculum-based assessment as previously outlined.

Stanford Achievement Test (SAT) Screening

The SAT tests (or other group achievement test) would be administered once a year, as is consistent with most districts across states. Stone, Cundick & Swanson (in press) found SAT scores in both total reading and total battery were an excellent predictor of special education involvement. Using a 10th percentile cutoff 71% of the

special education students and 97% of the regular education students were correctly identified on a group of over 1000 elementary school students. This study was cross validated in a different demographic group with similar results.

SAT results are an effective way in which to concurrently validate a school district's curriculum with a national standard. The SAT, therefore, can be useful as a tool with which to discriminate between special and regular education students, as well as a tool with which to validate curricula. It also yields helpful data when combined with other data to yield a product, such as a "success criteria" statistic.

Report Card Data

Report card information would be added to the pool of available information. This would include grades, as well as assignment averages, assignments completed, absences, and citizenship scores where possible. Curriculum reading tests form part of the test average on the report card.

Core Curriculum Assessor

Core curriculum would be assessed through a series of tests anchored to the curriculum. A student would be testedon objectives mastered within the curriculum. Statistical packages exist which could provide an evaluation of which objectives have been mastered, and which objectives

the students are short of mastering (Swanson, 1985). The capability also exists of printing class lists of specific objectives mastered, which would allow instructional focus to be placed on specific activities.

Vision and Hearing

Vision and hearing screens are also a component of this screening system. Presently, most schools have a system such that students are examined periodically, such as in Kindergarten, second grade, and fifth grade for visiual and auditory functioning. Typically, students referred for special education are also screened, when recent vision and hearing results are not available.

Transfer Student Screening

Transfer student screens would be beneficial to the special and regular education system, particularly in a more transient district. A transfer student screen would provide a quick and useful measure of a child's academic functioning. It would consist of a one minute curriculum-based word list administration, as well as a math probe. Often, children transfer into a district and little is known about their academic performance until the student has been in school for a few weeks. Therefore, a considerable amount of time may pass before a low achieving transfer student is referred for testing. Once referred,

testing may not occur for up to thirty days, depending upon workload. If a transfer student screen could be completed on students when they check in to a school, it would provide immediate data on their functioning, and a proper placement could be determined expediently. This screen could feasibly be conducted by the resource teacher. If a student transfers in with current academic data (report cards, SAT testing, etc.), then the transfer student screen would not be necessary.

System Management

The shifting of emphasis from qualification of students to program monitoring will require the delegation of responsibilities to various professional personnel. This is facilitated by the committee process involvong a multidisciplinary team in making referral, assessment, and placement determinations.

Screening

The administration of the Kindergarten screening would be monitored by a school psychologist, working in conjunction with resource and Kindergarten teachers. The SAT would be administered by pupil-personnel services, working with the classroom teachers. Report cards and citizenship grades are the responsibiity of the classroom teacher. The transfer student screen would be delegated to

the resource teacher. The core curriculum tests would fall under the classroom teacher's jurisdiction.

The Referral-Test-Place Process

The teacher referral process remain essentially intact. However, the utilization of Kindergarten screening data and the rank orderings of SAT results for referral would become the responsibility of the school psychologist. Those determinations involving actual referral and consideration of which students should be tested for special education inclusion would be decided in a committee meeting. Each school would have a committee composed of the special education teacher, principal, chapter one teacher if possible, and the regular education teacher of each child in question. Weekly committee meetings would be advised. This committee process would be utilized to make determinations from existing data as to who is considered for referral and possible evaluation, as well as the type of evaluation to be administered.

The curriculum-based assessment duties would be shared by the psychologist and the resource teacher, with the exception of the regular teacher's investment of two week's worth of word list administration to a child that they have referred. The traditional assessment duties would be assigned to the school psychologist. All team meetings and IEP meetings would continue as per present rules and

regulations. Instead of assigning various labels to mildly handicapped students, a generic classification of "educationally handicapped," or "in need of special services" (which is the category now utilized in Lousiana) is proposed.

Summary

With federal funding and nondiscrimination constituting significant and timely issues, educational practices require constant review (Sapon-Shevin, 1987; Hagerty & Abramson, 1987; GAO, 1981). The present categorical system requires a significant expenditure of time be invested in potentially nonworthwhile assessment activities (CLD, 1987; Howell, 1986; Benson & Hughes, 1985), without even beginning to tackle program evaluation tasks (Shinn, 1986). A curriculum-based service delivery system, however, is capable of providing valuable information on how well the system works for the student with learning problems (Shinn, 1986) as well as alleviating many problems inherent in the present system. Changes in the paradigm of identification and service delivery involving children with learning problems are warranted.

References

Adelman, H. S., & Taylor, L. (1986). Summary of the survey of fundamental concerns confronting the LD field. Journal of Learning Disabilities, 19, 391-393.

Algozzine, B., Christenson, S., & Ysseldyke, J. (1982). Probabilities associated with the referral to placement process. Teacher Education and Special Education, 5, 19-23.

Algozzine, B., & Ysseldyke, J. E. (1983). Learning disabilities as a subset of school failure: The oversophistication of a concept. Exceptional Children, 50, 542-546.

Algozzine, B. & Ysseldyke, J. E. (1986). The future of the LD field: Screening and Diagnosis. Journal of Learning Disabilities, 19, 394-398.

Barnett, D. W. (1987). Paradise lost?: A note on Gridley's dissension in paradise. Communique', 15, 8

Benson, J. A., & Hughes, J. (1985). Perceptions as role definition processes in school psychology: A national survey. School Psychology Review, 14, 64-74.

Chadwick, M., & Rutter, M. (1983). in Developmental neuropsychiatry. (Rutter, M. Ed.). New York: The Guilford Press.

Christenson, S., Ysseldyke, J., & Algozzine, B. (1982). Institutional constraints and external pressures influencing referral decisions. Psychology in the Schools, 19, 341-345

Cone, T. E., Wilson, L. R., Bradley, C. M., & Reese, J. H. (1985). Characteristics of LD students in Iowa: An empirical investigation. Learning Disability Quarterly, 8, 211-220.

Council on Learning Disabilities. (1987). The CLD position statements. Journal of Learning Disabilities, 20, 348-351.

Deno, S. (1985). Curriculum-based measurement: The emerging alternative. Exceptional Children, 52, 219-232.

Deno, S. (1986). Formative evaluation of individual student programs: A new role for school psychologists. School Psychology Review, 15, 358-374.

Gaddes, W. H. (1985). Learning disabilities and brain function: A neuropsychological approach. (second ed.). New York: Springer-Verlag.

Galagan, J. (1985). Psychoeducational testing: Turn out the lights, the party's over. Exceptional Children, 52, 288-299.

General Accounting Office. (1981). Disparities still exist in who gets special education. Washington DC: Government Printing Office

Gerber M. M. (1984). The Department of Education's Sixth Annual Report to Congress on P.L. 94-142: Is congress getting the full story? Exceptional Children, 51, 209-224.

Gickling, E. E., & Thompson, V. P. (1985). A personal view of curriculum-based assessment. Exceptional Children, 52, 205-218.

Gould, S. J. (1981). The mismeasure of man. New York: Norton

Gresham, F. (1986). On the malleability of intelligence: Unnecessary assumptions, reifications, and occlusion. School Psychology Review, 15, 261-263.

Gridley, B. E. (1986). Dissension in paradise. Communique', 15, 4.

Hagerty, G. J., & Abramson, M. (1987). Impediments to implementing national policy change for mildly handicapped students. Exceptional Children, 53, 315-323.

Howell, K. W., (1986). Direct assessment of academic performance. School Psychology Review, 15, 324-335.

John, D. (1986) The effectiveness of a Kindergarten screening battery: A longitudinal follow-up. Unpublished manuscript. Vernal, Utah: Uintah School District

Kaufman, A. S. (1979). Intelligent testing with the WISC-R. New York: Wiley.

Kavale, K. A. & Forness, J. R. (1985). The science of learning disabilities. San Diego: College Hill Press.

Keogh, B. K. (1986). Research issues in the study of learning disabilities. Counterpoint, 6, no. 4.

Kirk, S. A., & Kirk, W. D. (1983). On defining learning disabilities. Journal of Learning Disabilities, 16, 20-21.

Lentz, F. & Shapiro, E. (1985). Behavioral school psychology: A conceptual model for the delivery of psychological services. In Kratochwill, T.: Advances in School Psychology (4th edition). 199-222. Hillsdale, N.J.: Lawrence Erlbaum

Myers, P. J. & Hammill, D. D. (1982). Learning disabilities: basic concepts, assessment practices, and instructional strategies. Austin, TX: Pro-Ed.

National Commission on Excellence in Education. (1983). A nation at risk. Washington, DC: Government Printing Office.

Newcomer, P. (1985). Ruminations on learning disabilities. Learning Disability Quarterly, 8, 82-83.

Peterson, J., Heistad, D., Peterson, D., & Reynolds, M. (1985). Montevideo individualized prescriptive instructional management system. Exceptional Children, 52, 239-243.

Public Law 94-142, The Education for All Handicapped Children Act of 1975, Washington D.C.: Federal Register

Radencich, M. C. (1984). The status of learning disabilities: The emergence of a paradigm or a paradigm shift? Learning Disabilities, 3, 79-89.

Salvia, J., & Ysseldyke, J. (1985). Assessment in special and remedial education. (second ed.). Boston: Houghton-Mifflin.

Sapon-Shevin, M. (1987). The National Education Reports and special education: Implications for students. Exceptional Children, 53, 300-306

Sattler, J. M. (1982). Assessment of children's intelligence and special abilities. (second ed.). Boston: Allyn and Bacon, Inc.

Shinn, M. R. (1987). Does anyone care what happens after the refer-test-place sequence: The systematic evaluation of special education program effectiveness. School Psychology Review, 15, 49-58.

Shinn, M. R., Tindal, G. A., Spira, D., & Marston, D. (1987). Practice of learning disabilities as social policy. Learning Disability Quarterly, 10, 17-28.

Siegel, L. S., & Heaven, R. K., (1986). Categorization of learning disabilities. Handbook of cognitive, social, and neuropsychological aspects of learning disabilities. Ceci, S. J. (Ed.). Hillsdale, NJ: Erlbaum.

Spady, W. (1982). The illusion of school improvement. The School Administrator. May. 20-24

Stone, B. J., Cundick, B. P., & Swanson, D. (in press). A screening system for special education based on a group achievement test. Exceptional Children.

Swanson, D. (1985). IEP and Performance Monitor Tracking System. Computer software program. Vernal, UT: Uintah School District.

Swanson, H. L. (1987). Information processing theory and learning disabilities: A commentary and future perspective. Journal of Learning Disabilities, 20, 155-166.

Telzrow, C. F. (1985). Best practices in reducing error in learning disability qualification. in Best Practices in School Psychology. Stratford, CT: NASP Publications.

Tucker, J. A., (1985). Curriculum-based assessment: An introduction. Exceptional Children, 52, 199-204.

Utah Office of Education. (1985). Policies and procedures for education of handicapped children (working draft). Salt Lake City, Utah.

Utah State Office of Education (1975). Project Identification. Salt Lake City, Utah.

Utah State Office of Education (1981). Rules and regulations for education programs for the handicapped. Salt Lake City, Utah.

Valus, A. (1986). Achievement-potential discrepancy status of students in LD programs. Learning Disability Quarterly, 9, 200-205.

Welton, J.& Wedell, K. (1982). Special Education in England and Wales. Report printed at the University of London, Institute of Education

Winiker, D. & Wohle, R. (1984). Toward program based special education and school psychological services delivery systems. University of Utah publication (First working draft).

Ysseldyke, J. (1983). Current practices in making psychoeducational decisions about learning disabled students. Minneapolis, MN: Council for Exceptional Children publication.

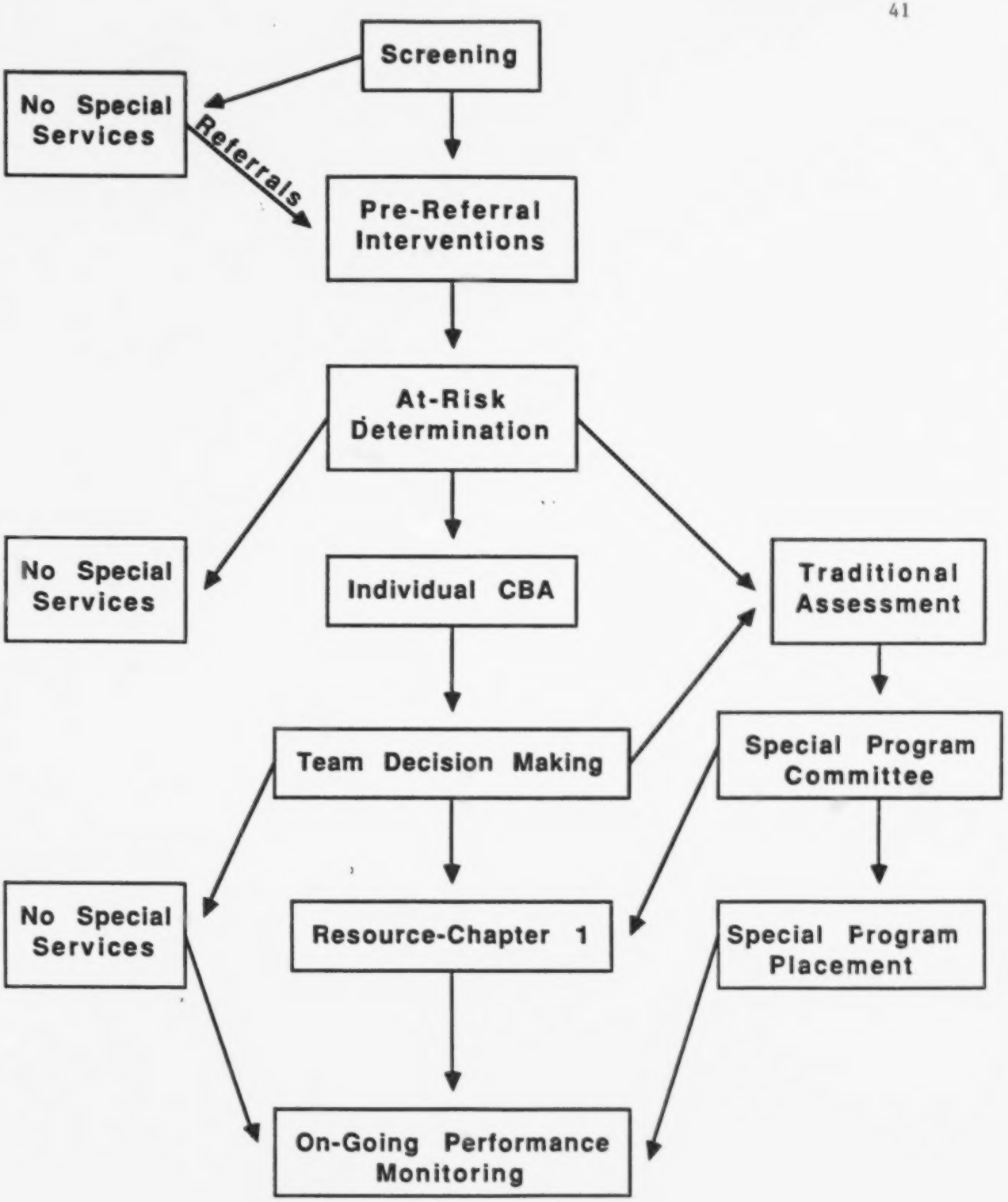
Ysseldyke, J., & Algozzine, B. (1983). LD or not LD: That's not the question! Journal of Learning Disabilities, 16, 29-31.

Ysseldyke, J., Algozzine, B., & Epps, S. (1983). A logical and empirical analysis of current practice in classifying students as handicapped. Exceptional Children, 50, 160-166.

Ysseldyke, J., Algozzine, B., Shinn, M., & McGue, M. (1982). Similarities and differences between underachievers and students classified as learning disabled. Journal of Spedial Education, 16, 73-85.

Ysseldyke, J., Reynolds, M., & Weinburg, R. (1984). School Psychology: A blueprint for training and practice. Washington, DC: National Association of School Psychologists publication

Ysseldyke, J., Thurlow, M., Graden, J., Wesson, C., Deno, S., & Algozzine, B. (1983). Generalizations from Five Years of Research on Assessment and Decision Making. Exceptional Education Quarterly, 4, 75-93.


Screening
No Special Services
Referrals
Pre-Referral Interventions
At-Risk Determination
No Special Services
Individual CBA
Traditional Assessment
Team Decision Making
Special Program Committee
No Special Services
Resource-Chapter 1
Special Program Placement
On-Going Performance Monitoring